

# VOTE-BY-MAIL BALLOT CURE AFFIDAVIT—INSTRUCTIONS AND FORM

This affidavit is for a voter who returns a vote-by-mail ballot that does not include the voter's signature or whose signature does not match the voter's signature on file.

**A. INSTRUCTIONS – READ CAREFULLY. FAILURE TO FOLLOW THESE INSTRUCTIONS MAY CAUSE YOUR BALLOT NOT TO COUNT.** In order to ensure that your vote-by-mail ballot will be counted, your affidavit must be completed and returned to the Indian River County Supervisor of Elections office ***no later than 5 p.m. on the 2nd day after the election.*** You must:

- Complete and sign the affidavit below - sign on the line above “(Voter’s Signature)”;
- Include a copy of one of the following forms of identification (ID):

**a. Tier 1 identification- *Current and valid ID that includes your name and photograph:*** Florida driver license; Florida identification card issued by the Department of Highway Safety and Motor Vehicles; United States passport; debit or credit card; military, student, retirement center, neighborhood association, or public assistance ID; veteran health ID card issued by U.S. Department of Veterans Affairs; Florida license to carry a concealed weapon or firearm; or employee ID card issued by any branch, department, agency, or entity of the Federal Government, the state, a county, or a municipality.

**OR if you do not have one of the above forms of ID, use one of these instead:**

**b. Tier 2 identification - *ID that shows your name and current residence address:*** current utility bill; bank statement; government check; paycheck; or government document (excluding voter information card)

- Return the completed affidavit **and** the copy of your ID to the Indian River County Supervisor of Elections by one of the following means:
  - Deliver in person or by someone else; or
  - Mail (if time permits and insert the completed affidavit and copy of the ID into a mailing envelope and address to the supervisor; be sure there is sufficient postage and the supervisor's address is correct); or
  - Fax or email (attach the completed affidavit and copy of the ID).

### Indian River County Supervisor of Elections

4375 43<sup>rd</sup> Avenue, Vero Beach, FL 32967

Main: (772) 226-4700 | Fax: (772) 770-5367 | Email: [votebymail@voteindianriver.gov](mailto:votebymail@voteindianriver.gov)

Remember, your information MUST reach our office no later than 5 p.m. on the 2<sup>nd</sup> day after the election, or your ballot will not count.

## B. Vote-by-Mail Ballot Cure Affidavit Form

I, \_\_\_\_\_, am a qualified voter in this election and registered  
(print voter's name)

voter of Indian River County, Florida. I do solemnly swear or affirm that I requested and returned the vote-by-mail ballot and that I have not and will not vote more than one ballot in this election. I understand that if I commit or attempt any fraud in connection with voting, vote a fraudulent ballot, or vote more than once in an election, I may be convicted of a felony of the third degree and fined up to \$5,000 and imprisoned for up to 5 years. I understand that my failure to sign this affidavit means that my vote-by-mail ballot will be invalidated.

**Must include a copy of your ID  
(see above)**

\_\_\_\_\_  
(Voter's Signature)

Email: \_\_\_\_\_

\_\_\_\_\_  
(Voter's Address)

Phone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_